

STATE OF NEVADA OFFICE OF THE STATE TREASURER NEVADA PREPAID TUITION PROGRAM

CHANGE OF PURCHASER'S APPOINTEE FORM

ADDRESS:		
ADDRESS:		
NEW PURCHASER'S APPOINTEE NAME:		
NEW DUDCHACEDIC ADDONITEE NAME.	SSN:	
THE FOLLOWING INFORMATION IS REQU	ESTED FOR THE NEW PURCHASER'S AF	
PLEASE PROVIDE REASON FOR REQUEST:		
CONTRACT NUMBER:		
BENEFICIARY'S NAME:		

PLEASE SEND THE COMPLETED FORM TO THE FOLLOWING ADDRESS:
NEVADA PREPAID TUITION PROGRAM
555 EAST WASHINGTON AVE., SUITE 4600
LAS VEGAS, NV 89101

555 E. Washington Ave. Suite 4600 Las Vegas, NV 89101-1075



(888) 477-2667 Toll Free (702) 486-2025 Telephone (702) 486-3246 Fax

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